

Program Integrity

Chapter

7

V. REPORTING

A. Fraud and Abuse Summary Report

The information from the case reports will be compiled and submitted to the TMA Program Integrity Branch within forty- five (45) days of the last day of each calendar quarter. The format and requirements for this quarterly report are provided at [Figure 2-7-A-8](#). Attach a listing of patient name and sponsor Social Security Number or provider name and provider number(s), whichever is appropriate, to identify the referenced cases in the report that are found to be potential fraud/abuse cases. Also, include the potential fraud/abuse issue associated with each case.

B. Automated TRICARE Duplicate Claims System

On a fiscal year, quarterly basis, contractors shall generate and utilize reports from the automated TRICARE Duplicate Claims System to assist in detecting fraud and abuse. The automated TRICARE Duplicate Claims System contains preformatted reports which will assist in detecting duplicate billings and inappropriate CPT-4 coding modifications by providers (see the ADP Manual, Chapter 12, Addendum E for report formats).

C. Utilization Management Report

A copy of the utilization management reports for TRICARE Prime, TRICARE Extra and TRICARE Standard shall be sent to the TRICARE Management Activity (TMA), Program Integrity Branch on a quarterly basis. (Refer to the [OPM Part Three, Chapter 6, Section I.D.1.d.\(1\)](#)).

